Amendments to the Claims:

This listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

1. (Currently Amended) A system for benefits management, comprising:

a server including an application interface and access to a data store having one or more client files, wherein a client file ~~can~~ includes a definable set of business rule[[s]] instructions executed by a processor to ~~for managing and administering~~ manage and administer benefits and ~~can~~ includes fund use rule[[s]] instructions executed by a processor to ~~for accessing and applying~~ access and apply funds to payment of claims from ~~one or more~~ a plurality of accounts; and

a program operable on the server to apply the definable set of business rules ~~in connection with processing a claim,~~ wherein the instructions are executed by the processor to allow a plan sponsor to define a first defined set of the fund use rules and a plan member to define a second defined set of the fund use rules in order to define payment of at least a portion of a claim from between at least two different employee benefit accounts, dependent upon authority being granted by the plan sponsor.

2. (Currently Amended) The system of claim 1, wherein the ~~one or more~~ the at least two different employee benefit accounts are selected from the group of:

a health reimbursement arrangement (HRA) account;

a flex spending account (FSA);

a vacation account;

a fitness club account;

a retiree health benefits account; and

a salon account.

3.   (Original) The system of claim 1, wherein the definable set of business rules are definable by a plan sponsor of a health insurance plan.

4.   (Original) The system of claim 1, wherein the one or more client files include plan sponsor files associated with a health care insurance plan.

5.   (Currently Amended) The system of claim 4, wherein the program ~~can~~ tracks adjudicated claims submitted by [[a]] the plan member and ~~can apply~~ applies the definable set of business rules to manage available funds in a flexible spending account (FSA) and a health reimbursement arrangement (HRA) account secondary to application of a plan carrier's business rules for the health care insurance plan.

6.   (Currently Amended) The system of claim 1, wherein the definable set of business rules include:

a selection of which funds between a flexible spending account (FSA) and a health reimbursement arrangement (HRA) are to be applied first to an adjudicated claim determined among selected categories within particular classes of services; and

a selection of a payment relationship between [[a]] the plan sponsor and [[a]] the plan member among selected categories within particular classes of services.

7.   (Original) The system of claim 6, wherein the selected categories include categories selected from the group of:

an insured category;

a co-pay category;

a deductible category;

a co-insurance category; and

an ineligible category.

8.   (Original) The system of claim 6, wherein particular classes of services include in-network classes and out-of-network classes for services selected from the group of:

>   a preventive care service;
>
>   an office visit;
>
>   a hospital service;
>
>   an urgent care center service;
>
>   a prescription service;
>
>   a dental service;
>
>   a vision service;
>
>   a chemical dependency service; and
>
>   an emergency room service.

9.   (Original) The system of claim 6, wherein the selection of a payment relationship includes a plan sponsor rule selection from among the group of:

>   a percentage payment amount; and
>
>   a fixed payment amount among selected categories within particular classes of services.

10.   (Original) The system of claim 6, wherein the selection of which funds between the FSA and the HRA are to be applied includes a selection of a plan sponsor rule and a member rule.

11.   (Currently Amended) The system of claim 1, wherein the one or more client files include one or more member files accessible from a remote device by one or more entities having authorized access rights, the one or more entities selected from the group of:

>   [[a]] the plan sponsor;
>
>   [[a]] the plan member; and

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a third party administrator.

12.   (Currently Amended) The system of claim 1, wherein each client file is associated with [[a]] the plan sponsor and wherein the plan sponsor ean accesses its associated client file from a remote device to select among the definable set of business rules.

13-18. (Canceled)

19.   (Currently Amended) A computer readable medium including a program having instructions executable by a processor to perform a method, comprising:

defining a number of plan sponsor rules to be applied secondary to the application of a set of business rules defined in a health insurance plan by a plan carrier; and

defining a number of member rules to be applied in conjunction with the number of plan sponsor rules, wherein the instructions are executed by the processor to allow a plan sponsor to define the number of plan sponsor rules and a plan member to define the number of member rules in order to define payment of at least a portion of a claim from between at least two different employee benefit accounts.

20.   (Currently Amended) The medium of claim 19, wherein defining [[a]] the number of plan sponsor rules includes selecting a payment relationship between [[a]] the plan sponsor and [[a]] the plan member for handling a deductible payment associated with a particular claim type under the health insurance plan.

21.   (Currently Amended) The medium of claim 19, wherein defining [[a]] the number of plan sponsor rules includes selecting a payment relationship between [[a]] the plan sponsor and [[a]] the plan member for handling a co-payment associated with a particular claim type under the health insurance plan.

22.   (Currently Amended) The medium of claim 19, wherein defining [[a]] the number of plan sponsor rules includes selecting a payment relationship between [[a]] the plan sponsor and [[a]] the plan member for handling a coinsurance payment associated with a particular claim type under the health insurance plan.

23.   (Currently Amended) The medium of claim 19, wherein defining [[a]] the number of plan sponsor rules includes [[a]] the plan sponsor selecting a hierarchy among a number of plan member health benefit accounts for application of funds to payment of a particular claim type under the health insurance plan.

24.   (Currently Amended) The medium of claim 23, wherein defining [[a]] the number of member rules includes [[a]] the plan member selecting a hierarchy among a number of plan member health benefit accounts for application of funds to payment of a particular claim type under the health insurance plan secondary to implementation of the number of plan sponsor rules.

25.   (Original) The medium of claim 19, wherein the method further includes tracking usage and available balances in a number of plan member health benefit accounts according to the number of plan sponsor rules and member rules.

26.   (Currently Amended) A method for providing benefits, comprising:
        selecting a health benefit plan offered by a plan carrier; and
        further defining rules in addition to rules defined for the health benefit plan by the plan carrier in order to manage fund allocation from a number plurality of plan member benefit accounts, including a health reimbursement account, according to different categories of services; and
        allowing a plan sponsor to define a first defined set of fund use rules and a plan member to define a second defined set of fund use rules in order to define payment of at least a portion of a claim from between at least two different

employee benefit accounts, dependent upon authority being granted by the plan sponsor.

27.   (Original) The method of claim 26, wherein further defining rules includes defining a number of plan sponsor rules associated with different categories of services.

28.   (Original) The method of claim 26, wherein further defining rules includes defining a number of member rules associated with different categories of services.

29.   (Currently Amended) The method of claim 26, further defining rules includes:

    selecting which funds between funds in multiple health benefit accounts are to be applied first to a post-adjudicated claim under the health care plan according to various claim type categories; and

    selecting a payment relationship between [[a]] the plan sponsor and [[a]] the plan member according to various claim type categories associated with different types of services.

30.   (Currently Amended) The method of claim 29, wherein selecting [[a]] the payment relationship includes defining a plan sponsor percentage payment amount for a claim type category associated with different types of services, and wherein the claim type is selected from the group including:

    an insured category;

    a co-pay category;

    a deductible category; and

    a co-insurance category.

31.   (Canceled)

32.   (Currently Amended) The method of claim 29, wherein selecting [[a]] the payment relationship includes defining a plan sponsor fixed payment amount for a claim type category associated with different types of services, and wherein the claim type is selected from the group including:

an insured category;

a co-pay category;

a deductible category; and

a co-insurance category.

33-34. (Canceled)